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STIGMATA OF MAIZE.

Last winter and again this spring the *News* called the attention of its readers to corn-silk, technically stigmata of maize, as a remedy in nephritic and cystic troubles, etc. The medicinal properties of corn-silk were brought to the notice of the profession by Dr. Dufau, a French physician, in *Le Courrier Medical*. He commends the remedy in uric and phosphatic gravel, chronic cystitis, mucous and muco-purulent cystic catarrh, and in cardiac and nephritic dropsy. Dufau has given it without injury for three months at a time. He has known it to triple and even quintuple the quantity of urine passed in twenty-four hours. He says that in decoction it is unreliable and uncertain. He gives it in a syrup largely diluted, upon an empty stomach. Stigmata of maize is said to have been used time immemorial by the Mexicans.

Dr. Landrieux, of France, has published two cases showing its diuretic properties. The first was an individual with ascites from cirrhosis. Under the influence of the drug, given in a syrup, the urine arose rapidly from five hundred grams to twelve and fifteen hundred grams. In three weeks all ascites disappeared. The other case was the subject of heart-disease, with great edema of the legs, enormous ascites, pulmonary and renal congestion, and a considerable diminution of urinary excretion. The stigmata of maize increased the quantity of urine from two hundred to eight hundred grams in twenty-four hours. The edema

and the ascites disappeared in a short time. Dr. Landrieux terminates his article thus: 1. Not only the different preparations of the stigmata of maize are useful as a modifying agent of the urine, but these same preparations can be equally considered as an incontestible diuretic agent; 2. Diuresis is rapidly produced; 3. The pulse becomes regular under its influence, the arterial tension increases, while that of the veins diminishes; 4. Complete tolerance of the drug, and in chronic cases the treatment might be continued during a month or six weeks without the slightest inconvenience.

We trust that some of our friends have tried this remedy, and will write us the results. We have used it in a single instance, but with decided effect. Two double handfuls of corn-silk were boiled in two gallons of water until but a gallon remained. A tumblerful of this was given thrice daily to a patient of eighty, the subject of dropsy of the legs. His urine was scant, but a thorough examination failed to discover in the heart or kidney or liver any cause for the dropsy. While taking the corn-silk decoction, which relieved his dropsy, he declared that he had never made so much water in all his life.

Professor Scheffer, of this city, is now preparing an extract of the stigmata of maize. Experiments must yet determine the time for gathering the silk, and the proper dose and best form of the remedy. It may be that the silk should be gathered before it is impregnated by the pollen from tassel.

STRYCHNIA was a poison well known to the ancient Egyptians.

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EXTRACT OF COLOCYNTH.—This substance in the form of the compound extract, when genuine, is one of our best purgatives, but its expensiveness frequently leads to its adulteration. It can be bought in this city at from four and a half dollars a pound down to two dollars or even less. The pure extract is a drastic cathartic in a four-grain dose. The pure compound extract is an efficient but gentle laxative in the same dose. Some years since, it is said, some enterprising Shakers in one of the Northern States crossed the colocynth cucumber with the melon, thus producing a hybrid much larger than the genuine medicinal vegetable, and which yielded, of course, much more colocynth, but of an inferior strength. Can any of our pharmaceutical friends tell us if this practice still exists?

COMMERCIAL OPIUM.—Egyptian opium (an inferior black opium, containing about four and a half grains of morphia), lbs. xl; ship-biscuits (old and worm-eaten are best, as well as cheapest), lbs. xl; crude opium, lbs. xx. Rub thoroughly together, the biscuits being first pulverized. The crude opium contains twenty per cent of water, which the biscuits absorb and retain, and they give besides to the compound the correct bright color. This, we are informed by an experienced druggist, was at one time a popular formula with wholesale dealers for making opium for the trade.

WE were always of the opinion that it would be premature just now for the schools of Nashville to raise their fees to \$140. It would have been better to stick to the price agreed on by themselves and their neighbors.

ARGUMENT WITH FOOLS AND FANATICS.—When you can not prove that people are wrong, but only that they are absurd, the best course is to let them alone. This is the advice of the apostle of common sense, Huxley.

Original.

DIET FOR THE SICK.

LECTURE NOTES FOR THE MEDICAL CLASS,
UNIVERSITY OF LOUISVILLE.

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ANEMIA, OR GREEN-SICKNESS.

This condition is characterized chiefly by a deficiency of iron compounds in the blood. The regimen requires a liberal use of foods that furnish that element. Wine at dinner and a full meat diet, with malt extract and iron, deserve especial mention.

DYSPEPSIA.

The natural food of infants is the same all the world over. After weaning, the opportunity is first offered for that variety in diet which results from the development of individual temperament, from the varied social conveniences, and the family- or race-customs. This diversity increases up to adult life, being most marked in a high civilization, which, while it cultivates individuality of taste, is enabled by wealth and the exchanges of commerce to supply the greatest number of food-substances. The range of material and variety of combination in the dietary which Americans of average digestion find suitable are almost limitless. These different habits of eating have contributed to induce smaller corresponding differences in the power of digestion, expressed in the proverb "What is one man's meat is another's poison." It has, however, been observed that in sickness nature falls back upon her first principles, and a careful study of these reveals that there is something like a uniform law of diet for enfeebled digestion. For the indigestion of a babe six months old the best diet is one like that provided by nature for the healthy younger infant. Milk diluted according to this rule is found to be more suitable to the impaired or perverted digestion than the diet proper to it in health. When the power of digestion is seriously weakened in the adult, it can be predicted with some certainty that, no matter what peculiarities have been a part of the habitual diet, the dietary natural to a healthy child will be found suitable.

Experience teaches that what can be digested by the sensitive stomach and bowels of a teething child is usually assimilated without discomfort by the dyspeptic adult.

If moderate quantities of stale bread and milk, taken at regular intervals, be found unfit, then milk alone may answer. Not infrequently dairy-milk alone will disagree and be found to sour on the stomach, forming hard curds that overtax it. Doubtless, if human milk could be had, it would prove the most easy of digestion, as it is the most primitive of foods. In lieu of it, the mixture of dairy-milk with barley-water, oat-meal water, or lime-water will answer here as it does for the spoon-fed babe, and for the same reason.

It is a time-honored plan of practice in cases of irritability of the stomach and bowels due to temporary indigestion, after about six hours' freedom of the stomach from all labor, to begin feeding with tablespoonful quantities each of milk and lime-water, at intervals of half an hour. After a variable time, a tumblerful of milk with a wineglassful of lime-water or barley-water may be taken every three or four hours. At times we meet with persons who can not take milk in any form. Our alternatives are barley-water alone, thin oat-meal or corn-meal gruel strained, meat soups and teas, and oyster broth.

In acute or *temporary indigestion* careful observance of this plan for a day or so will generally enable the invalid to resume a more substantial fare with restored energy. Taking each new step with calculation by stages measured in hours, days, or weeks, according to the gravity and persistency of the symptoms, the ordinary regimen can at last be taken up. As the stomach evinces growing working capacity, broiled or roasted game, fowl, mutton, and beef, soft-boiled eggs, and mealy potatoes well roasted may be added. When the acute symptoms have subsided we may have still to deal with a dyspeptic habit of many years' growth.

This *permanently weak digestion*, due generally to a defect in the nervous energy that maintains organic movement and the supply of dissolving juices of digestion, is producible by abuse with unwholesome foods, change from an active to a sedentary life, excessive mental strain, organic diseases, nervous exhaustion, inherited weakness in the apparatus of digestion, overfeeding, underfeeding, and affections which lower vitality generally, such as malarial, scrofulous, tuberculous, and syphilitic conditions of the system. If the intimations of weakness and sluggish action in the digestive process which nature gives are not understood or are disregarded, *chronic dyspepsia* ensues. For this it is nec-

essary not only to remedy the cause of the defect, but also to frame a rational dietary adapted in some degree to the previous habits of the individual. He may have learned by many experiments his own limitations, and needs only to have his judgment confirmed and resolutions of abstinence fortified by the positive injunctions of the doctor. Again, there are others who, although observing themselves with painful scrutiny, yet fail to get true views, and innocently misreport the case. It is not always easy to persuade the latter class to renounce pet theories and subject themselves to a dietary framed on new principles.

In the absence of trustworthy reports from the invalid, it is convenient to have ready a simple and nutritious dietary which, having acted well on similar cases before, will probably be digested without difficulty in the one under consideration. The following directions will be applicable to the majority of dyspeptics, who can take solid food without pain, but who suffer from water-brash, heartburn, sour stomach, sense of distension and drowsiness with dull headache after eating, flatulency, irregular action of the bowels, and the nervous symptoms commonly called "biliousness." By regular and moderate supplies of mixed food of easy solubility, we expect to furnish sufficient nutriment that will not leave an unwholesome residue of partly-changed food to irritate and impede the organs of digestion. Let the dyspeptic take three meals a day at regular hours. For breakfast and dinner, some kind of easily-digested meat, but none at supper, which should be served three hours before bedtime. It takes about five hours for the stomach to rid itself of a meal of mixed food, and any interference with its natural course by eating between meals hinders its perfect work. Let him stop short of the quantity which distends the stomach or which brings on a drowsy and oppressed feeling. As a typical regimen, it may be advised that the flesh-former of breakfast should be broiled beefsteak or mutton-chop or chicken, or egg, soft-boiled or poached; butter, with stale white or brown bread, and tea or coffee or milk will complete it; at the midday meal, roast beef or mutton or fowl or game or oysters, mealy potatoes, and stale bread or crackers; at supper, tea or coffee or milk, with stale bread.

It is the oft-repeated experience of athletes in training, who use the above dietary, that when it is joined to regular exercise all indigestion, bowel-troubles, palpitation

of the heart, and nervous dread speedily disappear. If a brain-worker, in practicing this regimen, finds that meat at the midday meal impairs the mental ease and clearness so desirable during working-hours, he can make a lunch of bread, ripe fruit, and potatoes, and take the meat at supper.

As a rule, dyspeptics are made uncomfortable by chocolate, which is very rich in fat and sugar; by smoked, salted, or fried meat of any kind, especially by pork, by twice-cooked hash, by salads, by hot bread (unless it be a light corn bread), and by pastry and sweetmeats.

It will be understood that this plan is "rough and ready," and will frequently bear considerable modification. At the outset, some can not take tea or coffee and others can not take milk. Much latitude can be given if it does not conflict with the individual experience. It may include fish, ripe fruit, tender peas, beans, lettuce, and tomatoes when there is no complaint of flatulency. A very concentrated diet, or one made of substances so perfectly digestible as to leave but little residue, induces constipation. To counteract the habit of constipation, brown bread and a trade article called the "Graham cracker" may be eaten at each meal. Unless forbidden by previous experience, a good corrective may be found in cracked wheat and oat-meal mush for breakfast, boiled for several hours, so as to make a coherent jelly permeable to the saliva.

Alcoholic drinks in this country are not commonly used as foods. Prescribed at dinner for a particular indication, they will sometimes fill a place for which we have no other adequate resource.

ULCER AND CANCER OF THE STOMACH.

When the taking of solid food is difficult or distressing, as in chronic gastralgia, in organic diseases of the gullet, stomach, or intestines, also in chronic enteralgia and diarrhea, it may be necessary to confine the dietary to liquids. In the cases that can bear it the *milk diet* lessens discomfort and sometimes works a cure of maladies not incurable. It is usually best, for the first few days at least, to give one fourth part lime-water or thin oat-meal gruel or barley-water. When this dilution can be dispensed with give milk alone. At first half a tumblerful is given every four hours, to be increased in quantity if the invalid will bear it. Milk unskimmed may cause indigestion, which removal of the cream would obviate. Constipation can be

corrected by a cup of coffee or a teaspoonful of salt in a tumbler of water taken in the morning, or by simple enemas. Some wasting must be expected, but soon the limit is reached, and sometimes after that a gain of flesh accrues. If marked physical weakness occurs, prescribe rest in bed; and instead of exercise, shampooing of the body. Some invalids will take without harm or loathing six pints of milk a day, though the capacity seldom exceeds a pint four times daily.

The time for suspension must generally be determined by the effects upon the disease. It is best done by degrees, as is the custom in weaning a child. An approved method is as follows: After several weeks of absolute milk diet, for one week stale bread is sparingly allowed; during the next week beef or mutton once a day; in a few days mealy potatoes; all in moderation, as milk is still for some time to be the chief food.

Dr. Cheyne, with benefit to his declining strength, at the age of fifty-five adopted a diet of three pints of milk and six ounces of crackers daily, to which he restricted himself during sixteen years of a laborious practice.

In this class of diseases it is often impossible or decidedly injurious to give even milk by the mouth. We have the alternative of *feeding by the rectum*. It is now established that by this means food is assimilated and life sustained indefinitely. When practiced systematically for a chronic disease it is well to pass the fluid food high up to the colon by attaching a large-sized flexible catheter to the ordinary syringe. At the beginning, but not afterward, simple enemas are used to clean the bowel. Inject about a wineglass of tepid milk every four hours, till growing tolerance will allow a half pint or a pint at the same intervals. If the bowels are irritable put from five to ten drops of laudanum in each injection. Firm pressure made with a towel over the anus for about ten minutes will aid in their retention. In chronic cases the milk dietary should be varied with beef essences and vegetable soups strained, with malted gruels, with peptonized meat-juice, and with alcoholic stimulants when the symptoms call for them.

SCURVY.

Easy bleeding of the gums, debility, neuralgic pains and other signs of a depraved condition of the blood are the results of continued abstinence from succulent vegetables. The prevention and the cure depend mainly on a due supply of these.

URINARY AND RENAL DISEASES.

In *inflammation of the bladder, Bright's disease of the kidneys, and albuminuria of pregnancy* an exclusive *skim-milk diet* has been highly praised by eminent authorities. A good report has followed its use as a diuretic in dropsies and as an alterative in degenerations not only of the kidneys but of the liver and the heart. If the invalid will persist according to the method described under Ulcer of the Stomach, it is believed that the most serious organic affections can be favorably influenced by it. At the same time alcoholic stimulants are to be interdicted.

DIABETES MELLITUS.

It is to diet more than to drugs we must look in dealing with this formidable disease. Great comfort is experienced by the use of sour buttermilk as a beverage. The buttermilk contains no sugar, but lactic acid instead; it slakes thirst, supports strength, and introduces an excellent medicine beside. Dr. Donkin reports some cures after ten or twelve weeks of exclusive *skim-milk diet*.

Life may be prolonged and the symptoms much ameliorated by another dietary, which makes meat the chief fare, excluding starch, sugar, and the foods that contain them. It may include meat, fish, eggs, butter, tomatoes, lettuce, cabbage, celery, greens, buttermilk, tea, coffee with cream but without sugar. The forbidden foods are sugar, sweet victuals, bread, beets, potatoes, sweetmilk, peas, and beans. When the craving for bread is very urgent gluten and almond bread, or one made of well-washed bran, may be sparingly allowed. The quantity of food must be regulated, as an excess even of meat may aggravate the distress. Bouchardat found in a number of diabetic persons that the spare diet occasioned by the Paris siege did more toward relief than the most carefully regulated regimen interdicting sugar and starch but permitting a free indulgence in other victuals. It has been suggested that *semi-starvation* may be the cause of the favorable changes in diseased nutrition observed during the *skim-milk* regimen of this and the other maladies before mentioned.

DISEASES OF THE HEART AND VESSELS.

For *fatty degeneration, cardiac dropsy, the palpitations* due to organic disease, and *aneurism* a low diet and much rest in bed are indicated. Evidence is not wanting to show that the prolonged *milk diet* has been of great service in these affections.

CORPULENCE.

This is susceptible of decided reduction by abstinence from fatty, saccharine, and starchy substances when joined to a course of active exercise. If the excess of flesh is a source of inconvenience the following regimen, based on that of Mr. Banting, may bring it within bounds. For breakfast, lean meat, except pork or veal; tea or coffee without milk or sugar; a Graham cracker or bit of toast without butter: before dinner, exercise to the point of free perspiration: at dinner, fish or fowl or meat, excepting pork or veal; any vegetable excepting the starchy roots; a Graham cracker, claret or dry sherry wine: before tea, active exercise and a good sweat: for tea, cooked fruit and toast, or a couple of Graham crackers without butter; tea or coffee without sugar or milk. Exercise before bedtime. Where obesity is a concomitant of ill health, as in anemia, nervous disorders, and dyspepsia, great relief is afforded by the above regimen, or by the skim-milk diet and massage followed by tonics. When it is inherited, and not associated with ill health, the above dietary if persisted in may give great distress. As soon as this appears it must be discontinued, and the unwelcome but wholesome truth should be told, namely, that a plain and regular fare, with abundant exercise, will do all that is needed for health, of which the corpulence may be a necessary condition. Accumulations of fat are not generally a sign of disease, but rather of a reserve of energy and substance, ready for the hour of need.

Correspondence.

LONDON LETTER.

FROM OUR SPECIAL CORRESPONDENT.

The Meeting of the British Medical Association at Cambridge—Ancient Abuses of the Universities—Dr. Acland's Sinecure Pluralities—The Medical Student and the Dodo—The Address of Mr. Timothy Holmes, his Position among Surgeons, and Personal Characteristics—The Past and Present Plan of Knee Excisions in Surgery—Eulogy of Ferguson—Amputation Statistics—Disadvantages of the Poor in Treatment of Joint-disease—Prof. Bradbury on Instruments of Precision.

The season here has just closed with the annual meeting of the British Medical Association. It was held this year at Cambridge under the presidency of Professor Humphrey, and passed off with singular success. The place and occasion were in-

teresting, and the presence of "all the Baronts"—Jenner, Paget, Gull, Burrows—as well as Henry Thompson, Spencer Wells, Savory, Andrew Clarke, J. Hutchinson, Lister, Bowman, and others gave special distinction to the meeting. It was, too, not without its dramatic incidents, some of which were foreseen when the meeting was planned, but others were in the nature of stage accidents which produced startling effects. The meeting was planned by Mr. Ernest Hart with the special view of a campaign which he has been carrying on for the last few years against those professors and clerics who have for so many years excluded medicine from the University of Oxford. At Cambridge Prof. Humphrey has for several years fought a gallant and pretty nearly successful battle against the monastic traditions of the University and the clerical sect which has monopolized so long the wealth, the prestige, the great traditions, and the great influence of the older universities of England. Founded by pious nobles who bequeathed their wealth to monkish executors, a large number of the colleges were in their origin essentially clerical. Many others, however, were established lately with an especial reference to the promotion of secular learning. Lee, Radcliffe, Lineacre, and Caius, among physicians, left great wealth to the universities in order to establish there seats of medical and biological teaching. Oxford possesses revenues amounting to upwards of \$80,000 annually, which were originally exclusively intended for the benefit of medical students. She has a "physic garden," endowments in human anatomy and human physiology, and professorships of medicine, all of which were intended to create a center of medical teaching. The efforts of the great physicians of the past have, however, been frustrated, first by the bold advance of the head-masters of colleges and of public schools, who have diverted these endowments to the purposes of the classical and mathematical training of Church-of-England students, and next by the more insidious but not less dangerous proceedings of some of the modern professors of Oxford, devoted indeed to what they conceived to be medical interests, but possessed of the strange notion that medical teaching at Oxford ought to pursue quite different lines to that which it pursues elsewhere, and that only fancy subjects should be taught there, and only fancy professorships of comparative anatomy, international public health, and the like should exist there. Dr. Acland

has now for thirty-five years held a professorship in medicine and in clinical medicine, with large salaries attached, and yet during the whole of that time he has never given one lecture in medicine or one lesson in clinical medicine. Prof. Rolleston has for years held the post of Lineacre Professor of Human Anatomy and Physiology, but he has never once given a course on human physiology or human anatomy. He teaches comparative anatomy, he wanders into archaeology, the anatomy of the prehistoric pig, and his specialties of Celtic and Saxon interment; but at Oxford at the present moment a medical student is a greater rarity than the dodo in the Ashmolean Museum. These facts have now been indignantly brought before the profession for the last three or four years by Mr. Ernest Hart and Prof. Ray Lankester Fry with downright candor and fearless denunciation, which are producing great effect at Oxford, and have already led to the appointment of committees which are the prelude to reform. Meantime it was a great thing to bring the profession to Cambridge and to show that at Cambridge that which Acland and Rolleston declared to be impossible is done. The ground on which they based their opposition to the teaching of medical science in Oxford is, that having only one hospital of two hundred beds seated in a city which is not the center of a great population or of great manufacturing operations, the supply of cases would not be adequate; and moreover that a university should give merely a liberal education, and should not qualify for a profession. It is obvious that the first objection applies only to the last year or year and a half of medical study, and that any rate out of a five-years' course for the first three years a university such as Oxford or Cambridge, with its immense resources for teaching the sciences ancillary to medical practice and its admirable traditions and influences, would be the proper centers for teaching all those students who aim at a liberal education and at the *status* which it subsequently gives. At Cambridge the profession have seen in Addenbrook's Hospital, which is smaller than the Radcliffe Infirmary at Oxford, and in a university which is less wealthy, a school including at the present moment one hundred and fifty working medical students and provided with physical and physiological laboratories such as do not exist elsewhere. Moreover, to make the lesson still more emphatic, Dr. Acland, who for some time had left the Association in disgust at the attacks

which had been made upon him in the journal of the Association, was offered the bait of the Presidency of the Public Health Section and swallowed the hook. His presence emphasized the meaning of the meeting very strongly; and it must be confessed that the various orators and speakers did not fail from time to time distinctly to let him understand the moral which he was intended to point and the lesson which he had to learn. Humphrey, Holmes, and Henry Thompson carefully dotted the i's. Prof. Humphrey opened the meeting with an address on University Medical Education, and although, as in duty bound, he was very tender with his Oxford colleague, and carefully blunted his arrows with words of courtesy, still when he showed how greatly Cambridge had neglected her duty to medicine in the past, how earnestly she is trying to fulfill it in the present, though as yet imperfectly her meed had been done, and what remained to be done, the arrow went home. The address in Surgery was given by Mr. Timothy Holmes. Holmes is surgeon to St. George's Hospital, the author of the well-known system of surgery, and a distinguished graduate of Cambridge. There are very few graduates of Cambridge, or indeed of any of the older universities among the London surgeons. Somehow it appeared for many years to be considered that graduates of a university ought to be physicians, and that there was no need for surgeons to have much book-learning or much cultivation outside the mechanical parts of their art and a thorough knowledge of anatomy. Hence surgeons have always been notoriously less literary than physicians, and the traditions of the barber-surgeon, who until the beginning of the last century represented the other side of the profession, have been continued almost to the present day. It is only until within the last thirty years that a surgeon was expected to pass any sort of literary examination in England before entering the profession. The old examination at the College of Surgeons (Lincoln's-Inn-Fields) consisted only of a *viva voce* after-dinner discussion between the candidate and his examiners on the elements of anatomy and its applications to surgical practice. He was not examined in medicine, in materia medica, in midwifery, or indeed in any thing except surgery and anatomy; and even in these there were no practical examinations on the subject, no demonstrations, but only a verbal examination lasting an hour. All this is changed now, and surgeons, like physicians, are expected

at least to be able to spell more or less badly, to know something of arithmetic, a little French and less Latin before they enter upon their studies; and subsequently they are examined in medicine as well as in surgery, although still only imperfectly in the medical subjects. Usage, however, requires a hospital surgeon now to be a well-educated person, and Mr. Holmes is not without numerous younger rivals who can boast, like himself, of a degree in arts as well as in surgery. His appearance in the orator's pulpit in the Senate Hall in the red doctor's gown was greeted with much enthusiasm, and he did not fail to say a few words congratulating Cambridge on having taken steps toward becoming a home for medical and surgical teaching. His address was characteristic. Among all the London surgeons it would be difficult to find a more thorough type of the educated John Bull. Of firm and handsome features, with somewhat of the look of a naval Wellington, bluff in manner, short and quick in speech, independent in his views, and having amply the courage of his opinions, Mr. Holmes is a very individual figure among English surgeons. At the College of Surgeons he has opposed himself more than once to the most powerful majorities, and lately he resigned his office of examiner, with valuable emoluments, rather than continue it under the new system which has decreed a separation of the functions of examiner in anatomy and surgery. Holmes contends that a good surgeon must be a good anatomist, and that surgeons best know how anatomy should be taught and how the examinations in it should be conducted. He energetically opposed giving up the examinerships in anatomy to the younger men, who contend that they know best as specialists how to test the knowledge of the men whom they teach, and when finally out-voted he withdrew from the board of examiners. In the same way he has with great public spirit identified himself with a movement of which I shall have more to say to you, which is rapidly spreading here, for introducing among the working classes a system of insurance against sickness known as the Provident Dispensary System, which aims at substituting a very small weekly payment, say a penny a head per week for each member of a family continuously and during health in lieu of regular fees to a doctor when sickness comes. The object is to induce the working classes to treat sickness not as an unexpected contingency for which no pro-

vision can be made, and which is now dealt with by the aid of hospitals and charity when it comes as best it may, but to provide for it in time in a manner which shall not be burdensome, and thus to withdraw from the hospitals the flood of out-patients who now receive gratuitous advice. Opinions are much divided as to the probable benefits of this system, many general practitioners believing that people in prosperous circumstances would avail themselves of this cheap doctoring, and thus the profession will lose more than it gains; while on the other hand those who now flock to the out-patient department of a hospital to get their advice free will continue to do so. Holmes held steadfastly to the belief that provident dispensaries will play a great part in the improvement of the social position of the poor and in strengthening the position of the medical man, in protecting him against the pauperizing action of the out-patient department of hospitals and infirmaries; and in this I agree with him. He has, however, at present a hard battle to fight against the prejudices of the general practitioners—a class whom consulting surgeons in his position commonly fear to offend and are loath to oppose.

With characteristic courage Holmes, although he has every thing to lose and nothing to gain by the independent position which he has taken, stands to his colors, and at the present time is chairman of an important committee for the purpose of introducing the provident system. His manliness makes him popular, and when he rose to deliver his address he was greeted with enthusiastic cheers. He took for his theme, characteristically enough, a thoroughly English subject. Last year Dr. Hudson selected as the subject of his address on medicine *The Works and Career of an Eminent Frenchman, Laennec*. Holmes chose this year *The Life and Works of the Illustrious Englishman, Sir William Fergusson*. He discussed with great mastery of details the subject of *conservative surgery*, which Fergusson had done so much to advance, and especially the surgery of the joints in cases of disease. He pointed out that excision has during the last twenty years been much less employed in active disease of the knee, but more frequently in chronic disease in lieu of expectant treatment and for the relief of severe ankylosis. Mr. Holmes finds reason to doubt the permanency of the cure obtained by incision of the joint and drainage and other partial methods which have lately been fa-

vored with the view of limiting the sphere of excision. He divides surgeons at present in relation to their opinions on this matter into those who rarely perform excision because they use it chiefly or wholly as a substitute for amputation, and those who apply it more frequently than even Fergusson himself, because they use it as a substitute for the expectant treatment. His tables show that excision is on the whole much less extensively practiced of late years, although eighty-nine cases occurred at Guy's during the last five years and sixty-two at St. Thomas's. In these large hospitals excision is employed more as an operation of expediency than of urgency, and rather to supersede expectancy in treatment than as a substitute for amputation.

A great diminution of mortality has of late attended the performance of excisions of the knee, the reduction during the past ten years—comparing Holmes's tables with those of Swain in 1869—being not less than from twenty-four to about nine and a half per cent. Holmes is not a strict follower of Lister. His mind is far too conservative to swear by any master or readily to adopt any new doctrine. Nevertheless he points to the great results attained, inasmuch as of one hundred and thirteen cases of excision performed antiseptically at two hospitals seven only were fatal. The mortality in Fergusson's case was fifteen in forty at the time he delivered his lectures in anatomy and surgery, toward the end of his life.

The rest of Mr. Holmes's oration was devoted to the study of excisions of the hip, and there he showed in forcible and pathetic language how great a disadvantage the poor suffer owing to their inability to give rest. Thus he produced a list showing that at seven hospitals two hundred and fifteen excisions of the hip and two hundred and forty-five of the knee had been performed in five years, while the total number of such operations performed in private practice in the whole country during that period was less, he believed, than a dozen; and yet every one would agree that the treatment of this disease is far more successful in public than in private. It is clear, he urged, that the treatment of chronic diseases among the poor can not be in any way satisfactory till such diseases are treated at home, and they never can be so treated until the overcrowded out-patient departments of the hospitals are abolished and a system of home treatment of the poor is provided under suitable conditions.

The address in medicine was delivered by Dr. Bradbury, a resident at Oxford, who took for his subject *The Progress Effected in Medicine by the Use of Instruments of Precision*. By instruments of precision of course he meant the microscope, the thermometer, the ophthalmoscope, the laryngoscope, the sphygmograph and electric apparatus, and he viewed the progress effected during the past ten years. The subject is one of great modern interest. The term instruments of precision was, I believe, first introduced by the Emperor Louis Napoleon, who applied it to the science of gunnery; and in medicine it is, as far as I know, to Dr. Wade, of Birmingham, that we owe the first use of the term. I am afraid I shall not have space today to enter upon this wide field, but may subsequently review a part of Dr. Bradbury's speech.

A QUESTION OF ETHICS.

To the Editors of the Louisville Medical News:

Please give us your opinion upon the following instances of what seem to us very unprofessional behavior:

CASE 1.—Mr. A. feeling bad, and happening to be near Dr. —'s office, who is not his family physician, steps in and gets a prescription. In an hour or two, at a public gathering, Mr. A. grows so much worse that a great many persons are alarmed at his condition. The family physician being present is first called by Mr. A., and some friend of Dr. — calls him also; and instantly, his office being near, he runs over and gets medicine for Mr. A. The patient is taken home and the family physician accompanies him, and while making a thorough examination in steps Dr. —, and commences to give directions to the patient. *Exit family physician.* The patient did not then, before, or now consider Dr. — his family physician.

CASE 2.—Dr. B. made a motion in the county society that we, as individual members of the said society, *will not* bid for the pauper practice. It is carried; and just as soon as the county commissioners meet this same Dr. B. puts in a bid for the practice, contrary to the motion that *he* made and was carried by the society.

INDIANA. * * * *

[The conduct of Dr. — was excessively improper. It was a direct violation of medical and all other ethics. He should be expelled from your county medical society, and no physician should consult with him

until he has made an ample apology for his ill behavior and a promise of future good conduct. The family physician's withdrawal under the circumstances was unwise as to himself and unjust to his patient. It was quite too lamblike.

Dr. B.'s course is an extraordinary piece of trickery for a doctor to be guilty of. His case should be promptly brought before your county medical society, and, if proved, his expulsion would be unavoidable.—EDITORS NEWS.]

Reviews.

A New School Physiology. By RICHARD J. DUNGLISON, A. M., M. D., author of the *Practitioner's Reference-Book*; editor of *Dunglison's Medical Dictionary*, *History of Medicine*; secretary of the *American Academy of Medicine*; etc. Illustrated by one hundred and seventeen engravings. Philadelphia: Porter & Coates.

The name of its author is a guarantee of the honest character of this book. If it is wise to teach physiology in the schools, this is as good a text-book as could well be prepared.

The Brain as an Organ of Mind. By H. CHARLTON BASTIAN, M. A., M. D., F. R. S., Professor of Pathological Anatomy and of Clinical Medicine in University College, London; Physician to University College Hospital and to the National Hospital for the Paralyzed and Epileptic. With one hundred and eighty-four illustrations. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1880.

The lovers of serious, solid reading will find this book to their taste. All physiologists, alienists, and neurologists should read it. It is severely scientific.

Books and Pamphlets.

DIAGNOSIS OF MALIGNANT TUMORS OF THE UPPER JAW IN YOUTH. By L. McLane Tiffany, M. D., Professor of Operative Surgery, University of Maryland. Reprint from *Transactions of the Medical and Chirurgical Faculty of Maryland*, 1880.

THE YELLOW-FEVER QUARANTINE OF THE FUTURE, BASED UPON THE PORTABILITY OF ATMOSPHERIC GERMS AND THE NON-CONTAGIOUSNESS OF THE DISEASE. Read at the Seventh Annual Meeting of the American Public Health Association, at Nashville, Tenn., November 20, 1879. By Henry F. Campbell, A. M., M. D., Augusta, Ga., Chairman of the Committee on Endemic, Epidemic, and Contagious Diseases, in the Board of Health of the State of Georgia. Reprint from Vol. V *Public Health Papers of the American Public Health Association*.

Miscellany.

DEATH OF PROFESSOR HEBRA.—Dermatologists and the medical profession generally will learn with sincere regret (*Med. Press and Circular*, August 14th) that the great master of that branch of practice dealing with skin-diseases is now no more. Hebra, who has been made familiar to the English reader by the wise liberality of the New Sydenham Society in reproducing his great Atlas, placed the study of dermatology on a secure footing, by arranging a classification of the diseases of the skin, that has been the basis of all subsequent work in the same direction. His bright example, however, has stimulated a small army of specialists, who are following worthily in the footsteps of their great leader; and we in England can reckon more than one who, while counting as disciples, are yet co-equal with Hebra in the magnitude of their contributions to dermatological science. It is they who will feel his death; it is these and others with them, also, who can effect that his loss will not result in injury to the pursuit he so fondly cherished.

FEARFULLY IMPORTANT.—"The bacteria are divided into four tribes, and these again into one or more genera, as follows," writes Dr. W. F. Whitney, of Boston, in the *Boston Med. and Surg. Journal*: "Tribe I: Spherobacteria (round bacteria); genus 1, micrococcus. Tribe II: Microbacteria (rod-like bacteria); genus 2, bacterium. Tribe III: Desmobacteria (thread-like bacteria); genus 3, bacillus; genus 4, vibrio. Tribe IV: Spirobacteria (screw-like bacteria); genus 5, spirillum; genus 6, spirochæte."

CALCUTTA.—Cholera has been prevalent in Calcutta during the hot weather of 1880 less than in any year since 1872. It is a remarkable fact that the rate of cholera-deaths among sailors in the port of Calcutta is higher than among the inhabitants of the town. These ratios are 5.93 and 2.63 per thousand. Fatal injuries are sometimes as common among sailors; smallpox, fever, and bowel-complaints are more deadly in the town. The mortality among seamen living afloat in the port of Calcutta was, in the year 1879, fifty-four per thousand, while the death-rate of those living ashore was only twenty per thousand. The former is a terrible rate for adult males, whose physical health must, from the nature of their calling,

be good. The excess of deaths afloat is attributed to the influence of the foul water on which they live, and exposure to night-air. It is satisfactory to observe that only thirteen cases of scurvy presented themselves among sailors in the year 1879. The quality of lime-juice carried in ships was found to be good, and its use common.—*Indian Med. Gazette*.

THE INTERNATIONAL MEDICAL CONGRESS. The work of organization in the different sections in connection with the meeting of the International Medical Congress in London next year is being vigorously pushed forward, and on all hands the most cordial coöperation is being met with by the committee. A large number of foreign magnates eminent in medicine and surgery have signified their intention to be present at the demonstration, which promises to be the most brilliant ever made in connection with the profession. The expenses attending it will be necessarily large, and it is gratifying to know that subscriptions toward meeting them are fast coming in. The deep interest taken by the Queen and the Prince of Wales in the progress of research has been shown by the personal anxiety they have exhibited that the best possible arrangements may be made to insure the perfect success of the meetings of the Congress.—*Med. Press and Circular*.

AN EPIDEMIC OF DEMONOMANIA.—Outbreaks of demonomania are so rare in the present age that the subject has almost fallen outside the consideration of writers on public health. We note with considerable interest an account of an epidemic of demonomania reported by Prof. Léon Colin in the July number of the *Annales d'Hygiène Publique* (*Lancet*). The epidemic occurred in an isolated, remote spot of the district of Tolmezzo, Udine, North Italy, at the beginning of 1878, and the characteristics of the outbreak of earlier periods were repeated in every respect. The starting-point was a case of simple hysteria in a female, dealt with by ignorant priests as a case of "demoniacal possession," and in the end eighteen cases, fifteen of ages varying from sixteen to twenty-six, and three of the respective ages of forty-five, fifty-five, and sixty-three years, were cultivated. The intervention of the authorities and of a proper medical staff, when information of the outbreak reached Udine, quickly put a stop to the extension of the malady and brought it to an end.

Translations.

[By L. S. Oppenheimer, M. D.]

Carbolic Acid in Smallpox Eruptions.—Dr. Lucas-Championnière stated to the Société de Chirurgie that he has prevented the appearance of variola pustules in a number of cases by the application of a mixture of carbolic acid and vaseline. The proportions are not mentioned.—*Le Progrès Medical*.

Treatment of Hydrarthrosis.—Dr. Paquet, of Lille, treated twenty-two cases of hydrarthrosis of the knee-joint, subacute and chronic, by immobility and faradization. He says that sixteen of these were cured permanently in from eight to twenty-five days.—*Ibid.*

A Means of Prophylaxis in Diphtheria.—Dr. Gellé's communication on this subject refers to the prevention of the disease by proper school sanitary measures. He says diphtheria finds in the schools its readiest method of contagion and extension. He finds that in the examination of the nasal and pharyngeal mucous membranes symptoms of the disease present themselves before a decided outbreak occurs. This has led him to examine daily the throats of all the children in the school for a reasonable time after the outbreak of the disease, and to send away those with the slightest signs of the trouble, and keep them away until the danger is past. In this way he claims to have reduced the number of cases occurring in his vicinity very materially.—*Ibid.*

Cancerous Infiltration of the Heart.—At a meeting of the Société Anatomique Dr. Barthelemy reported the histories and autopsies of two cases of this kind. In one the original tumor was situate in the pylorus, extending to the duodenum and gall-bladder. Three cancerous foci were found in the walls of the right ventricle. No symptom of cardiac derangement existed during life. The second case was one of cancerous disease of the pancreas. Although the patient had suffered from time to time from palpitation, irregular pulsations, etc., these were believed to be entirely functional disturbances. The autopsy revealed cancerous infiltration of the right auricle and of the posterior valve well advanced.—*Ibid.*

Anesthesia with Bromide of Ethyl.—Dr. Terrillon has just finished a series of clinical experiments with this drug. His conclusions are about as follows: It requires from one to three minutes with proper inhaling apparatus for the patient to become anesthetized. The period of excitement comes on in from two to four minutes. The clonic convulsions of chloroform are substituted by tonic convulsions. The face, neck, and upper part of the trunk are extremely congested, and covered with more or less abundant perspiration. The pulse is always accelerated, and beats proportionately faster as the dose is increased. The respiration is not materially affected. The pupils are never contracted. If the exhibition of the drug be pushed, increased violent congestion of the face, stertorous breathing, increase and accumulation of mucus in the pharynx provoking *regurgitation*, which must not be confounded with vomiting. If the anesthesia be interrupted, the awaking is very quick, forty to fifty seconds usually sufficing. In conclu-

sion, Dr. T. prefers bromide of ethyl to chloroform because of the comparative absence of danger in the former.

Drs. P. Berger and Charles Richet differ with Dr. T. in some points. The latter gentlemen have made some experiments with the ethyl bromide upon dogs and rabbits, and each time the animal has died just at the point of complete anesthesia; besides, the tendency toward vomiting is much greater than with chloroform. In brief, it is inferior to the latter in every respect.—*Ibid.*

Selections.

Aphorisms on Infantile Management and Medication.—From Dr. Amie M. Hale's little book on The Management of Children:

Of one thousand children born, one hundred and fifty die within twelve months. At fifteen years of age six hundred and eighty-four remain of the thousand.

The daily increase in weight of a normally-developing infant amounts to from a quarter of an ounce to three quarters of an ounce.

I consider bathing as the grand arcanum of supporting health, on which account, during infancy, it ought to be regarded as one of those sacred, maternal duties the performance of which should upon no account be neglected for a single day.

During the entire period of infancy and childhood the hair should be kept short. . . I have never seen softer, better hair than on girls who have had it cut short, like that of school-boys, until they were in their tenth year.

Every article of dress worn during the day should be changed on retiring to rest.

The milk of the mother or of a healthy nurse is the natural and only proper food for an infant. Nature does not afford nor can art supply any substitute. In the asylums for foundlings and young infants, where feeding by hand has been substituted for the natural nourishment, the mortality has been most appalling. As high as ninety per cent of the infants have been destroyed.

Never was there a more absurd or pernicious notion than that wine, ale, or porter is necessary to a nursing-woman in order to keep up her strength, or to increase the quantity or to improve the nutritive qualities of her milk.

Children should not be allowed to eat frequently between meals. . . The child should be accustomed to partake of food only at regular periods.

As a general rule, sugar should be given to children rather as an addition to less palatable articles of diet than as the principal food.

By a healthy child, nearly all the saccharine fruits, when perfectly ripe and mellow, may be eaten in moderation with perfect safety.

Man should be submitted from his cradle to the laws of hygiene, so as to strengthen his constitution if it is good, and in order to improve it if it is bad.

A woman who nurses should give the breast every two hours at least, every hour at most.

Between eleven o'clock in the evening and six in the morning a good nurse only suckles the child once.

A milk too rich, too much charged with solid elements, in a healthy nurse is indigestible, and causes diarrhea.

Whatever may be the cause of the alteration in the composition of the milk, the result is always the same to the children. The symptoms which become developed are always seated in the alimentary canal, and diarrhea is always the consequence of it.

The change of nurse has no inconvenience, if a bad one can be replaced by a better.

Fatty food is hardly suitable until toward the end of the first year.

The period for weaning should be fixed between twelve and twenty months.

Weaning is commenced by ceasing to give the breast during the night.

The head should be washed with the greatest care, and it should be gradually cleansed from the scaly substance which covers it.

The most intense fever, with restlessness, cries, and spasmodic movements, may disappear in twenty-four hours, without leaving any traces.

A child that has rapidly lost its plumpness, whose flesh is soft and flabby, has had and is probably laboring under diarrhea.

A violent fever dries up the secretion of tears.

A sudden and rapid convulsion, unattended by fever, is not at all dangerous.

Fresh air, cold, and the sprinkling of the face with cold water are sufficient to ward off an attack of convulsions, but when once it has commenced they do not arrest it.

A sudden nocturnal attack of suffocation, accompanied by a dry, hoarse, hissing, and sonorous cough, announces false croup.

False croup, very violent at its commencement, diminishes in a few hours; whereas true croup advances without intermission, daily increasing in intensity.

Two or three fits of suffocation, less and less severe, with an interval of twenty-four hours, characterize false croup.

Inflammation of the alimentary canal of young children is preferably established in the large intestine, very seldom in the small intestine, and still more rarely in the stomach, and well deserves the name of entero-colitis, which I have applied to it.

Entero-colitis is the natural consequence of improper regimen of children, of bad milk of nurses, of alimentation from the feeding-bottle, of the premature use of solid food, whether fatty or otherwise, of multiplied indigestions brought on by the folly of some mothers.

Fever, vomiting, green, variegated or serous diarrhea, and emaciation combined with great softness of the integuments, announce an acute entero-colitis.

Children should not be allowed to sleep with persons advanced in age, nor with those of a broken-down constitution or who are laboring under any chronic disease.

When asleep an infant should be excluded from light and noise.

A young child should not be awaked from its sleep suddenly, nor by any rude motion or loud noise.

Infants should be gently handled. Pulling them about roughly, trotting, tossing, swinging them from side to side—all rude play of this sort does no good and may do harm.

A prudent mother, who is herself of an amiable and cheerful disposition, must perform but illy her duties as nurse, or she would seldom have cause to complain that her time is wholly occupied during the day, and her rest disturbed at night by the cries of a fretful infant.

Children, if properly trained from birth, are far more docile than the generality of parents are inclined to believe.

The common people of Italy are remarkable for beauty of face and symmetry of form. This has been attributed to the prenatal influence exercised upon the development of the child by the constant presence before the eyes of the mother of the pictures of the great masters and the noble sculptures of antiquity.

Pilocarpin in Intermittent Fever.—Dr. Gaspar Griswold, in the New York Med. Journal of August, highly commends this substance. He says:

Administered hypodermically, the drug acts more surely, more rapidly, more evenly. The dose required varies between one fifth and one sixth of a grain, according as the patient is large or below medium size. The following solution may be used:

R Pilocarpinæ muriat..... gr. j;
Aque destill..... 3j.
M. Sig. M x = gr. $\frac{1}{4}$.

Like similar solutions of other alkaloids, this one begins to lose strength, and is no longer reliable, after standing two or three weeks in a warm room. One-grain powders of the drug may be kept for an indefinite time, put up by the druggist in a manner to prevent deliquescence. The above-mentioned solution can then be made fresh as occasion may require.

If the patient objects to hypodermic medication, or if circumstances render this method of administration inconvenient, the remedy may be given by the mouth, and yet act efficiently. In this case the dose will vary between one fourth and one fifth of a grain. It is best given in powder, as follows:

R Pilocarpinæ muriat..... gr. j;
Sacch. lactis..... gr. xxv.
M. Div. in chart. No. v.

These powders may be given to the patient, with directions when to take them.

To prevent the occurrence of a chill, pilocarpin should be given hypodermically about fifteen minutes before the time when it would commence. If given by the mouth, an interval of half an hour is desirable, on account of the slower action of the drug when administered in this way.

Sprains and Wounds.—Dr. Brinton says (Phil. Med. and Surg. Rep.) that to treat sprains the injured limb should be placed in hot water and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.